

**Email address**

nwei@nd.edu

**1. What is your name (First, Last)?**

Na Wei

**2. What is your cell phone number (include area code)?**

217-766-8870

**3. Which College, School, or Organization is your primary affiliation?**

Notre Dame Research

**4. Which specific laboratory, studio, or core facility are you affiliated with?**

CEST

**Request to Reopen****1. Indicate the rationale for reopening your laboratory, studio, or core facility (i.e., indicate why your research requires physical access to campus facilities) and source(s) of funding.**

Research in my lab is experimental research, so lab work is needed. The funding includes federal grants and internal funding.

**2. Provide a plan for how physical distancing will be implemented in your laboratory, and will be brought from studio, core facility, office, and team spaces. Address the six-foot interpersonal spacing home so that and nominal occupancy requirements for Phases 2 and 3 as they relate to all activities to be undertaken (e.g., microscopes, tissue cultures, small control rooms, etc.). Indicate how your interaction with others will manage working hours and/or shifts. For core facilities, also indicate how you will and will not need to manage user access to maintain appropriate physical distancing.**

For my lab, we are in the process to establish a detailed protocol for social distancing, especially we would like to learn how McCourtney Hall labs practice this, and will follow their effective strategies. Current preliminary plan for my lab is as follows: each lab member will report their experiment plan in advance, then we will coordinate hours to work in the lab for each person with the goal to minimize the number of personnel working in a same time slot. Each day, they will login and log out using Google drive spreadsheet, and the PI will check the hours. We plan to have at most two people to work in the labs (A65A, A65B, which are connected, and we will try to have each person in one room each time). For using CEST equipment, we will follow the guidelines of CEST.

**3. All requests must include a schedule such that Building Managers and other support services know which research personnel should be in the building/research space at any given time. Please complete the draft schedule in Appendix D, which can be downloaded here,**

[https://research.nd.edu/assets/388931/fullsize/appendix\\_d\\_lab\\_ramp\\_up\\_schedule\\_f01.xlsx](https://research.nd.edu/assets/388931/fullsize/appendix_d_lab_ramp_up_schedule_f01.xlsx), and upload part of your response with your lab/core facility name saved as the file name. The schedule should cover a two-week interval. While this schedule serves as an initial planning tool, faculty are encouraged to utilize their preferred scheduling means (e.g. Google Sheets, Calendars, etc.) moving forward:

<https://drive.google.com/open?id=1400H7NTOWzJNw7K83fLwg8wcpZAgc4QO>,  
[https://drive.google.com/open?id=1kQ1\\_veSi-l-CltiDTZOaoerU-y3WacU-](https://drive.google.com/open?id=1kQ1_veSi-l-CltiDTZOaoerU-y3WacU-)

**4. What is your plan for logging researchers' arrival and departure within laboratory/studio/core facility spaces and their self-assessment of their health?**

We will use a google sheet for such recording.

**5. How will your personnel maintain physical distancing for breaks, lunches, etc.?**

They will try to arrange the experiment into a section of time and finish it. Then during non-experimental time, they will go home. They will try to minimize time staying in the shared graduate student office.

**6. Describe your procedures to clean and sanitize shared items, equipment, and work surfaces prior to use by others (see Hygiene Plan as a minimum example:**

[https://research.nd.edu/assets/388928/fullsize/appendix\\_h\\_example\\_hygiene\\_plan\\_f01.pdf](https://research.nd.edu/assets/388928/fullsize/appendix_h_example_hygiene_plan_f01.pdf))

We will practice disinfection protocol based on CDC recommendations (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaningdisinfection.html>). Bench surfaces and other items touched will be sprayed with 70% alcohol (70% ethanol or IPA) with a contact time of 5 minutes or bleach solution with a contact time of 1 minute.

**7. Do you require a specific core facility to be opened in order to reopen your lab?**

Yes

**8. If yes, identify the research core facility (ies) or other support services that are essential for lab reopening. The full list of core facilities can be found here:**

<https://research.nd.edu/our-research/facilities-and-resources>

Center for Environmental Science and Technology

**8. If you selected a core facility(ies) in the previous question, please fill out the following form (one for each core facility) to request the use of the core facility(ies):**

[https://docs.google.com/forms/d/e/1FAIpQLSfLN1CZJ7\\_AOtI6QcX1L\\_1WmYb2r0sFpkzy1k9jowrdVVhAyg/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfLN1CZJ7_AOtI6QcX1L_1WmYb2r0sFpkzy1k9jowrdVVhAyg/viewform). Will you complete this form?

Yes

## **Safety and Research Team**

**1. The lab/studio/core facility reopening plan will be presented to Risk Management and Safety to ensure the reopening is feasible and safe given the reduced status of University operations. Therefore, please address any safety measures or changes that need to be adopted to allow for a reduced density in the laboratory, studio, or core facility. Please specifically detail plans for disinfecting, including what will be used, the concentration and contact time. Provide information about general safety resulting from the plan (e.g. how will you deal with working alone, etc.)**

We will practice disinfection protocol based on CDC recommendations (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaningdisinfection.html>). Bench surfaces and other items touched will be sprayed with 70% alcohol (70% ethanol or IPA) with a contact time of 5 minutes or bleach solution with a contact time of 1 minute. Proper PPE will be used to protect personnel. Each lab member will follow safety protocols for working in the lab. There would be no problem with PPE related safety.

**2. Please review your previous ramp-down plan. In the event of a return to Phase 1 (hibernation), are there any changes necessary? Please list those changes here.**

N/A

**3. Which building are you located in?**

Fitzpatrick Hall of Engineering

**4. Identify your research personnel (or core personnel for the core facilities), including yourself, below. Include their names, status (For example, faculty, staff, postdoc, graduate student), emails, and cell phone numbers) Note that in Phase 2, all graduate students and postdoctoral scholars on the list will be asked through an independent method to sign an opt-in form before they will be allowed to participate.**

Na Wei, Faculty, PI, [nwei@nd.edu](mailto:nwei@nd.edu), 217-766-8870  
Baotong Zhu, PhD student, [bzhu2@nd.edu](mailto:bzhu2@nd.edu), 574-292-6096  
Ying Wu, PhD student, [ywu10@nd.edu](mailto:ywu10@nd.edu), 574-386-9338  
Quanhui Ye, PhD student, [qye2@nd.edu](mailto:qye2@nd.edu), 574-2568580  
Chien-Wei Wang, Research Associate, [cwang16@nd.edu](mailto:cwang16@nd.edu),

**4. Is there anything else we should be aware of?**

**5. If you selected a core facility(ies), please complete the core facility request form, which can be found in Appendix C here:**

[https://docs.google.com/forms/d/e/1FAIpQLSfLN1CZJ7\\_AOtl6QcX1L\\_1WmYb2r0sFpkzy1k9jowrdVVhAyg/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfLN1CZJ7_AOtl6QcX1L_1WmYb2r0sFpkzy1k9jowrdVVhAyg/viewform)

**6. What room number(s) is your lab/studio/core facility located in?**

A65A, A65B

**7. Do you require a specific core facility to be opened in order to reopen your lab?**

Yes

**Owner (Self-ID by College/School or NDR)**

Mark McCready (COE)

**Initial Owner Review: Approve/Deny (If denied, mark why).**

Approve

**Department (Designate Who Submission was Sent to i.e. Dean, Chair, or designee and confirm date/time of issue by email, and their Approval/Denial)**

jjw+

**3. Which College, School, or Organization is your primary affiliation?**

College of Engineering

**Grad School (Include name trainee names were sent to and date/time email was sent)**

All in

**Send to RMS (Include name of reviewer request was sent to, date/time email was sent, and their Approval/Denial)**

approved 6/3

**If approved, send to VPR (include date/time)**

BB 6/3

**VPR Approve/Deny**

**Assigned Reopen Date and Building Manager Notified (include date/time of notification)**